

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2	1					
3						
4						
5						
6						
7						
8						
9						
10	1					
11	1					
12						
13	2					
14	2					
15						
16	1					
17	4					
18						
19	1					
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50						
TOTAL IND.	8					
TOTAL DEP.	17					
TOTAL CLAIMS	25					

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP										
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